Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                                       |                   |                                  |                  | SMALL ENTITY TYPE   |                  |                        |    | OTHER THAN OR SMALL ENTITY |                        |
|---|--|---|---------------------------------------|-------------------|----------------------------------|------------------|---------------------|------------------|------------------------|----|----------------------------|------------------------|
| TOTAL CLAIMS  |  |   | COMMIN                                | '/                | Colui                            | 11112            |                     | ATE              | FEE                    |    | RATE                       | FEE                    |
| FOR   |  |   | NUMBER F                              | NUMBER FILED      |                                  | NUMBER EXTRA     |                     | SIC FEE          | 355.00                 | OR | BASIC FEE                  | · 710.00               |
| TOTAL CHARGEABLE CLAIMS   |  |   | 20minus 20=                           |                   | · Ø                              |                  | T                   | \$ 9=            |                        | OR | X\$18=                     |                        |
| INDEPENDENT CLAIMS  |  |   | A min                                 | us 3 =            | • /                              |                  | ×                   | (40=             |                        | OR | X80=                       | 80                     |
| MU  | LTIPLE DEPENI                                  | DENT CLAIM PI                             | RESENT                                |                   |                                  |                  |                     | 135=             |                        | OR | +270=                      |                        |
| * If  | the difference i                               | in column 1 is                            | less than zero, enter "0" in column 2 |                   |                                  |                  | T                   | OTAL             |                        | OR | TOTAL                      | ·                      |
| CLAIMS AS AMENDED - PART II   |  |   |                                       |                   |                                  |                  |                     |                  |                        |    | OTHER                      | THAN                   |
|   |  | (Column 1)                                | (Column 2) HIGHEST                    |                   |                                  | (Column 3)       | <u> </u>            |                  |                        | OR | SMALL                      | ENTITY                 |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ing at                                | NUM<br>PREVI      | MBER<br>OUSLY<br>FOR             | PRESENT<br>EXTRA | F                   | ATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                 | **                |                                  | =                | ×                   | (\$ 9=           |                        | OR | X\$18=                     |                        |
| AME   | Independent                                    | *   | Minus *** MULTIPLE DEPENDEN           |                   | T CLAIM                          | =                | X40=                |                  |                        | OR | X80=                       |                        |
| <u> </u>  | FINST PRESE                                    | NIATION OF W                              | OLTIFLE DEF                           | CINDEIN           | T CLAIN                          |                  | +                   | 135=             |                        | OR | +270=                      |                        |
|   |  |   |                                       |                   |                                  |                  | ٨٥٢                 | TOTAL<br>IT. FEE |                        | OR | TOTAL<br>ADDIT. FEE        |                        |
|   |  | (Column 1)                                |                                       | (Colu             | ımn 2)                           | (Column 3)       | AUL                 | // I. I CC       | <u></u>                | •  | A0011.1 EE                 |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUM<br>PREV       | HEST<br>MBER<br>IOUSLY<br>D FOR  | PRESENT<br>EXTRA | F                   | RATE             | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                 | **                |                                  | =                | ×                   | (\$ 9=           |                        | OR | X\$18=                     |                        |
|   | Independent                                    | *   | Minus                                 | ***               | T OL AIM                         | =                | $\rightarrow$       | <40=             |                        | OR | X80=                       |                        |
| ┞   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                   |                                  |                  |                     | 135=             |                        | OR | +270=                      |                        |
|   |  |   |                                       |                   |                                  |                  | ADE                 | TOTAL<br>HT. FEE |                        | OR | TOTAL<br>ADDIT. FEE        |                        |
| <u> </u>  |  | (Column 1)                                |                                       |                   | umn 2)                           | (Column 3)       |                     |                  |                        |    |                            |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUI<br>PREV       | HEST<br>MBER<br>VIOUSLY<br>D FOR | PRESENT<br>EXTRA | F                   | RATE             | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                 | **                |                                  | =                | ×                   | (\$ 9=           |                        | OR | X\$18=                     |                        |
| ME  | Independent                                    | *   | Minus                                 | ***               |                                  | =                |                     | (40=             |                        | OR | X80=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                   |                                  |                  |                     |                  |                        | 1  | 075                        |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                                       |                   |                                  |                  |                     | 135=             |                        | OR | +270=                      |                        |
| **  | If the "Highest Nu                             | ımber Previously I                        | ٨٥١                                   | TOTAL<br>DIT. FEE | propriate by                     | OR               | TOTAL<br>ADDIT: FEE |                  |                        |    |                            |                        |